Case#: 2015-0223

MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

NAME: PEREZ LOPEZ AMILCAR Date/Time of Death: 02/26/2015 9:54 PM

PLACE OF DEATH IFO. [redacted] FOLSOM STREET Age: [redacted] Sex: MALE Ht: 5'3" Wt: 131
Race: WHITE HISPANIC

POLICE NOTIFIED	POLICE STATION NOTIFIED	POLICE OFFICER
YES	MISSION	COTA #357

HOMICIDE NOTIFIED	DATE	TIME	HOMICIDE OFFICER
SFPD	02/26/2015	9:54:00 PM	DEDET #101

MARITAL STATUS:

IDENTIFIED BY: [redacted] AT: SFPD ID BUREAU DATE: 02/27/2014

FINGERPRINTS TAKEN	PALMPRINTS	PRINTS TAKEN BY	DATE
YES		[redacted]	02/27/2015

[redacted]

PHOTOS DATE:

TAKEN BY: NOT GSW

POLICE AT SCENE	AT SCENE OFFICER	POLICE STATION
YES	COTA #357	MISSION

SFPD CASE#: 150-178-555

AIB or HR NOTIFIED: AIB DATE:

AIB OFFICER: NATURE: GSW POLICE INVOLVED

CASE HISTORY

The subject, a +[redacted]ear old male, has no known place of residence or identity at the time of this investigation. In some manner the subject received a gunshot wound to the head after engaging police officers with a knife.

According to information from San Francisco Police Officer Cota #357, filing Incident Report #150-178-555, on 2/26/2015 at approximately 2149 hours, San Francisco Police Officers were dispatched upon receiving report of a man chasing [redacted] with a knife. Once officers arrived on scene, the subject was noted with a knife in his hand. The subject then in some manner approached the officers wielding the knife. The subject was then in some manner shot by police officers. For officer's safety, the subject was then handcuffed on scene consistent with following standard procedures. Emergency services were then summoned with San Francisco Fire Department paramedics responding. Once on scene, the subject was determined by paramedics to be beyond resuscitative efforts at that time. Death was confirmed at 2154 hours, on 2/26/2015. This office was notified of this death at 2203 hours, same date. Chief Medical Examiner Dr. [redacted] was contacted and notified of this death. In addition, Assistant Medical Examiner Dr. [redacted] was contacted and responded to the scene.

Investigation at the scene revealed the subject lying supine on the ground located in front of [redacted] Folsom Street. The remains were clad in street attire and covered with a yellow emergency paramedic blanket. The subject's hands were noted to be handcuffed at this time. Noted next to

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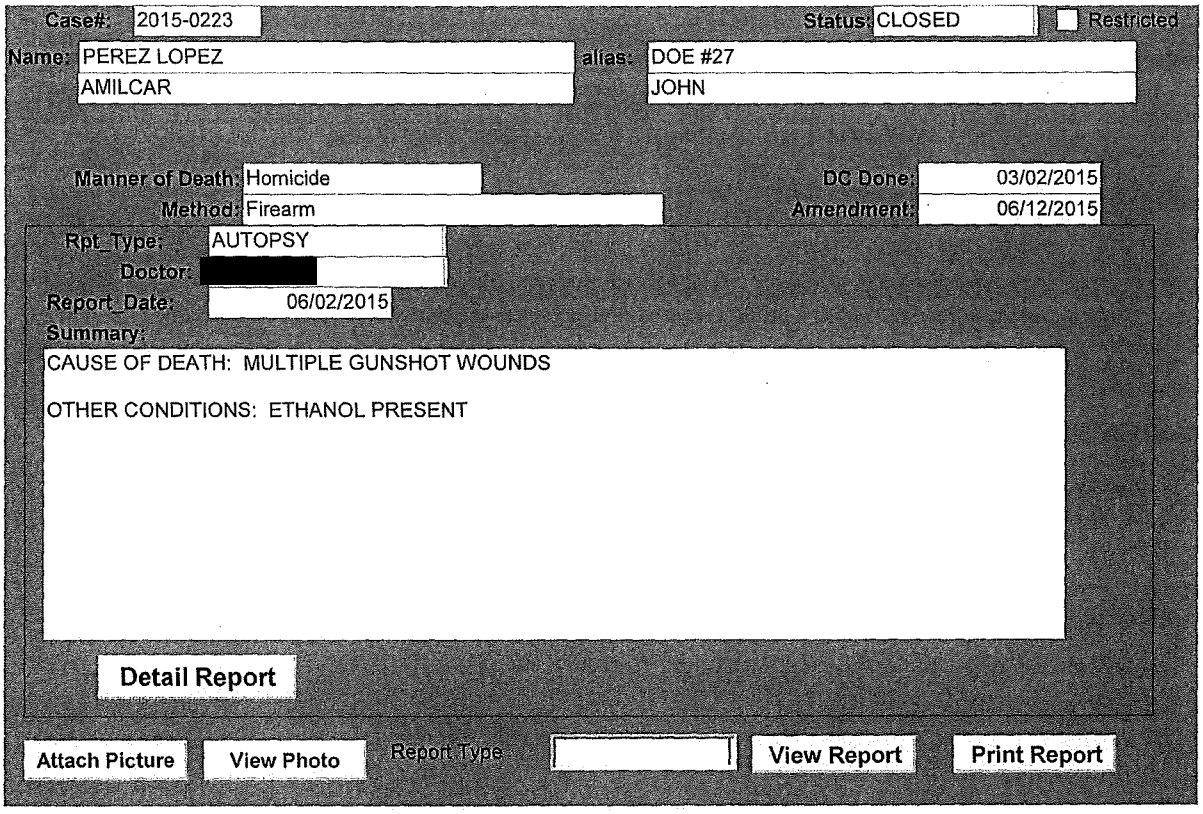
the subject was a knife on the ground.

External examination revealed the subject to be warm and flaccid. The subject was noted to have a circular defect about his head. A gunshot residue kit was taken on scene and the hands were then secured in brown paper bags. The remains were then placed in a pouch which was sealed with pouch seal #21883. The remains were then transported to this office for further investigation.

INVESTIGATOR: [redacted] [redacted]


Case#: 2015-0223
Status: CLOSED
Restricted
Name: PEREZ LOPEZ
AMILCAR
alias: DOE #27
JOHN
Manner of Death: Homicide
Method: Firearm
DC Done: 03/02/2015
Amendment: 06/12/2015
Rpt_Type: AUTOPSY
Doctor: [redacted]
Report_Date: 06/02/2015
Summary:
CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS
OTHER CONDITIONS: ETHANOL PRESENT
Detail Report
Attach Picture
View Photo
Report Type
View Report
Print Report

CITY AND COUNTY OF SAN FRANCISCO
Office of the Chief Medical Examiner
Medical Division
Case No. 2015-0223

Name: **PEREZ LOPEZ, AMILCAR**
AKA JOHN DOE #27 Date & Time of Necropsy: **February 27- March 3, 2015 0010 Hours**

Age: [redacted] Height: [redacted] Weight: [redacted]

PRELIMINARY EXAMINATION: The body is received in a plastic pouch sealed with bag seal number 21833 and is identified by an appropriately labeled Medical Examiner's tag affixed to the pouch which is moved to the right great toe and identifies the decedent as "John Doe #27" The [redacted]. When first viewed, the decedent is clad in a green shirt, gray shirt, black fabric belt, denim blue jeans, a pair of black/white shoes, a pair of ankle socks and a blue hooded pullover. A gray cap is in the pouch. The clothing is retained as evidence.

EXTERNAL EXAMINATION: The body is of a well-developed, well-nourished, adult man whose appearance is consistent with the reported age of [redacted] years.

The face is symmetric. The head is symmetric. The scalp hair is black, straight and measures approximately 10-1/2 inches in length over the crown. The mustache and beard areas are covered by a small amount of hair below the lower lip. The eyelids are intact, and unremarkable. The conjunctivae are clear without petechial hemorrhages, pallor, or icterus. The sclerae are white without petechial hemorrhages or icterus. The irides are brown and the pupils are equally dilated at 5 millimeters. The nose is symmetric, and unremarkable. The nasal septum is intact. The mouth has native dentition in fair repair. The oral mucosa is tan, moist, and unremarkable. The frenula are intact. The external ears are normally formed, symmetric, intact, and unremarkable.

The neck is normally formed, intact, and symmetric. The trachea is palpable in the midline. The chest is symmetric. The abdomen is symmetric, soft, flat, and tympanic to percussion. The external genitalia are those of a normally developed, adult male. The scrotum is intact, and unremarkable. The anus is patent.

The forearms and upper arms are normally formed, symmetric, and intact. The ventral wrists have no scars. The hands, fingers, fingernails, feet, toes, and toenails are normally formed, intact, and unremarkable. The lower extremities are free of edema. The lower extremities are normally formed, symmetric, intact, and unremarkable.

The posterior body surfaces have fixed dependent lividity.

EVIDENCE OF MEDICAL THERAPY: Evidence of medical therapy includes three electrocardiogram pads (one on the left upper chest and the other two on the lower abdomen).

IDENTIFYING MARKS AND SCARS: On the left lateral shoulder are irregular shaped slightly hyperpigmented scars ranging in size from 1/8 inch to 1-1/4 inch. A 5/8 inch linear well-healed scar is on the left elbow. Small well-healed scar are around the left elbow. On

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the left medial dorsal forearm near the elbow is a ½ inch well-healed linear scar. On the left dorsal hand are three linear well-healed scars ranging in size from 3/16 inch to 9/16 inch. A faint well-healed scar is on the right lateral shoulder measuring 4 inches by 2 inches. An irregular shaped 6-1/2 inch well-healed scar is on the right volar forearm. On the right posterior shoulder is a ½ inch by ¼ inch well-healed scar. A ¾ inch linear well-healed scar is on the right lateral elbow with a ¼ inch well-healed scar on the right dorsal forearm. A ½ inch horizontal well-healed scar is on the right knee.

[redacted]

EVIDENCE OF INJURY: On the body are 3 penetrating and 3 perforating trajectories. These wounds are labeled "A-J" for correlation with diagrams and photographs without inference as to order of occurrence. All measurements are with the body horizontal on the autopsy table and all directions are with the body in anatomic position.

GUNSHOT WOUNDS, HEAD AND NECK:
GUNSHOT WOUND TRAJECTORY #1 (WOUNDS A AND H):
ENTRANCE: On the left posterior scalp 1-1/4 inches inferior and neither anterior nor posterior to the vertex of the head and 2-1/2 inches leftward of the posterior midline is an entrance gunshot wound (wound A), consisting of a 3/8 inch by ¼ inch defect with a circumferential marginal abrasion ring measuring 1/16 inch. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound path sequentially perforates the scalp, left parietal/occipital skull leaving a ¾ inch by ½ inch defect with internal beveling, left parietal brain, bilateral basal ganglia, right frontal/parietal brain, right frontal/parietal skull leaving a ½ inch by ½ inch defect with external beveling and exits.

The skull has multiple fractures and the brain is disrupted.

EXIT: On the right lateral forehead, 3-1/2 inches inferior and 2-1/8 inch anterior to the vertex of the head and 2 inches rightward of the anterior midline is an exit wound (wound H) consisting of a 15/16 inch by ½ inch stellate laceration.

TRAJECTORY: The wound track travels from the decedent's back to front, left to right and slightly downward

CLOTHING: On the left back of the cap is a 5/16 inch by 5/16 inch frayed defect with "bullet wipe". On the left back of the hood of the hooded sweatshirt is a 3/16 inch by 3/16 inch frayed defect. These defects may represent entrance wound "A". On the right front of the hood of the hooded sweatshirt is a ¾ inch by 5/16 inch frayed defect. These defects may

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represent exit wound "H". No soot or unburned gunpowder particles are on the fabric surrounding the defects.

GUNSHOT WOUNDS, CHEST, ABDOMEN AND BACK:
GUNSHOT WOUND TRAJECTORY #2 (WOUNDS B AND PROJECTILE #5):
ENTRANCE: On the left back, 16-1/2 inches inferior to the vertex of the head and 2-1/2 inches leftward of the posterior midline is an entrance wound (wound B) consisting of a 7/16 inch by ½ inch defect with a circumferential marginal abrasion ring which is widest from the 7 to 3 o'clock positions where it measures 1/8 inch. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound track sequentially perforates the skin, left posterior eighth intercostal space leaving a 1.0 centimeter by 1.0 centimeter defect, left lateral lower lobe of the lung leaving a 1-1/4 inch by 1 inch defect, left medial lower lobe of the lung leaving a ¾ inch by ¾ inch defect, pericardium, inferior/posterior heart, left anterior fifth intercostal space leaving a 1 inch by 7/8 inch defect, fractures the left fifth rib and lodges in the soft tissue of the left anterior chest.

In the left chest is approximately 425 milliliters of blood and clot.

Recovered in the soft tissue of the left chest, 18 inches inferior to the vertex of the head and 2-1/2 inch leftward of the anterior midline with an overlying 1-1/2 inch by 1-1/2 inch blue-red contusion is a bullet (projectile #5).

There is no exit.

TRAJECTORY: The wound track travels from the decedent's back to front, slightly downward and neither significantly rightward nor leftward.

CLOTHING: On the left back of the green shirt is a 7/16 inch by 3/8 inch frayed defect. On the left back of the gray shirt is a ¼ inch by ¼ inch fray defect. These defects may represent entrance wound "B". No soot or unburned gunpowder particles are on the fabric surrounding the defect.

GUNSHOT WOUND TRAJECTORY #3 (WOUND C AND PROJECTILE #4):
ENTRANCE: On the right upper back, 13-5/8 inches inferior to the vertex of the head and 3-3/4 inches rightward of the posterior midline is an entrance wound (wound C) consisting of a 3/8 inch by 5/16 inch defect with a circumferential marginal ring measuring 1/16 inch. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound track sequentially perforates the skin, right posterior fourth intercostal space leaving a 1-1/2 inch by 1 inch defect and fractures the right posterior fifth rib, posterior

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right hilum of the lung leaving a 1 inch by 1 inch defect, right anterior hilum of the lung leaving a ½ inch by ½ inch defect, posterior right atrium leaving a ½ inch by ½ inch defect, right anterior ventricle at the septal atrio-ventricular junction leaving a 4 inches by ½ inch defect, left third intercostal space at the sternum leaving a 3/8 inch by ½ inch defect and lodges in the soft tissue of the left chest.

In the right chest is approximately 350 milliliters of blood and clot.

Recovered in the soft tissue of the left chest, 16 inches inferior to the vertex of the head and 2-1/2 inches leftward of the anterior midline with an overlying 2 inch by 2 inch blue-red contusion is a bullet (projectile #4).

TRAJECTORY: The wound track travels from the back to front, right to left and slightly downward.

CLOTHING: On the right back of the hooded sweatshirt is a ¼ inch by ¼ inch frayed defect. On the right back of the gray shirt is a ½ inch by 5/16 inch frayed defect. On the right back of the green shirt is a 5/1 6inch by ¼ inch frayed defect. These defects may represent entrance wound "C". No soot or unburned gunpowder particles are on the skin surrounding the defect.

GUNSHOT WOUND TRAJECTORY #4 (WOUND D, WOUND G AND PROJECTILE #3):
ENTRANCE: On the right back, 18-1/2 inches inferior and 2 inches rightward of the posterior midline is an entrance wound (wound D) consisting of a ½ inch by ½ inch defect with a circumferential marginal abrasion ring which is widest from the 6-11 o'clock position where it measures ¼ inch and a 5/8 inch red linear abrasion at the 1 o'clock position and a 3/16 inch red linear abrasion at the 3 o'clock position. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound track sequentially perforated the right posterior sixth posterior intercostal space leaving a 1 inch by ½ inch defect and soft tissue of the right back.

PARTIAL EXIT: On the right posterior arm at a point 5 inches inferior to the right shoulder tip in the right posterior axillary line is a partial exit wound (wound G) consisting of a ¼ inch laceration with a partially visible bullet (projectile #3)

Recovered in the soft tissue of the right lateral back/right posterior shoulder, 15-1/8 inch inferior to the vertex of the head and 7-1/2 inches rightward of the posterior midline is a bullet (projectile #3)

TRAJECTORY: The wound track travels from the decedent's left to right, slightly upward and neither frontward nor backward.

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CLOTHING: On the right back of the hooded sweatshirt is a ¾ inch by ½ inch frayed defect. On the back of the green shirt is a 7/8 inch by ¾ inch frayed defect. On the right back of the gray shirt is a ¾ inch by 5/8 inch frayed defect. These defects may represent entrance wound "D". No soot or unburned gunpowder particles are on the skin surrounding the defect.

GUNSHOT WOUND TRAJECTORY #5 (WOUNDS E AND I):
ENTRANCE: On the right back, 19-5/8 inches inferior to the vertex of the head and 1-5/8 inch rightward of the posterior midline is an entrance wound (wound E) consisting of a 5/16 inch by ¼ inch defect with a circumferential marginal abrasion ring. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound track sequentially perforates the skin, right ninth posterior intercostal space leaving a ¾ inch by ½ inch defect, right posterior diaphragm leaving a leaving a 3/8 inch by 3/8 inch defect, right posterior liver leaving a 2 inch by 1 inch defect, right anterior liver leaving a 4 inch by 3 inch defect, right anterior diaphragm leaving a 1 inch by ½ inch defect, right lower lobe of the lung leaving a 3/8 inch by 3/8 inch defect in a 1 inch by 1 inch red-purple contusion and exits.

EXIT: On the right inferior chest, 19-1/2 inches inferior to the vertex of the head and 4-1/2 inches rightward of the anterior midline is an exit wound (wound I) consisting of a 5/8 inch by 5/8 inch laceration.

TRAJECTORY: the wound track travels from the decedent's back to front, left to right and neither significantly upward nor downward.

CLOTHING: On the right front of the hooded sweatshirt is a 1 inch by ½ inch frayed defect. On the right front of the green shirt is a 2-1/8 inch by 1-1/8 inch frayed defect. On the right front of the gray shirt is a 1-3/4 inch by 1 inch frayed defect. These defects may represent exit wound "I". No soot or unburned gunpowder particles are on the skin surrounding the defect.

GUNSHOT WOUNDS, EXTREMITIES
GUNSHOT WOUND TRAJECTORY #6 (WOUNDS F AND J):
ENTRANCE: On the right dorsal arm, 9 inches inferior to the right shoulder tip is an entrance wound (wound F) consisting of a 7/16 inch by ¼ inch with a circumferential marginal abrasion ring. No soot, stippling or unburned gunpowder particles are on the skin surrounding the defect.

PATH: The wound track perforates the soft tissue.

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Name: **PEREZ LOPEZ, AMILCAR**
AKA JOHN DOE #27 Date & Time of Necropsy: **February 27- March 3, 2015 0010 Hours**

EXIT: On the right medial arm, 8-1/2 inches inferior to the right shoulder tip in the mid axillary line is an exit wound (wound J) consisting of a 7/8 inch by ¾ inch laceration.

TRAJECTORY: The wound path travels from the decedent's back to front and neither significantly rightward nor leftward and neither upward nor downward.

CLOTHING: On the back of the right sleeve of the hooded sweatshirt is a 3/8 inch by 5/16 inch defect. On the back of the right sleeve of the green shirt is a 5/16 inch by 3/8 inch frayed defect. These defects may represent entrance wound "F". On the front of the right sleeve of the hooded sweatshirt is a ¾ inch by ½ inch frayed defect. On the front of the right sleeve of the green shirt is a ¼ inch by ¼ inch frayed defect and a 1 inch by 3/8 inch fray defect. These defects may represent exit wound "J". No soot or unburned gunpowder particles are on the skin surrounding the defect.

OTHER PROJECTILES: In the clothing is a bullet fragment (projectile #1) and a bullet (projectile #2). In the soft tissue of the left chest, 17-1/2 inches inferior to the vertex of the head and 2-1/4 inches leftward of the anterior midline is a copper fragment (projectile #6). In the soft tissue of the right posterior back, 14 inches inferior and 2 inches rightward of the anterior midline is a copper fragment (projectile #7), and another fragment (projectile #8) at a point 13 inches inferior of the vertex of the head and 1 inch rightward of the posterior midline. Another copper fragment (projectile #9) is also in the soft tissue of the right posterior back at a point 14 inches inferior and 4 inches rightward of the posterior midline. In the right back, 13 inches inferior to the vertex of the head and 4 inches rightward of the anterior midline is a lead fragment (projectile #10).

OTHER INJURIES: On the forehead are multiple small red abrasions ranging in size from ¼ inch to 3/8 inch. A ¼ inch by 1/8 inch red-yellow abrasion is on the right side of the nose. On the right chest inferior wo wound "I" is a red-yellow abrasion measuring 2-1/4 inch by 5/16 inch. A ¼ inch by ¼ inch red abrasion is on the dorsal left fourth finger.

OTHER CLOTHING DEFECTS: Other frayed defects are on the hood of the hooded sweatshirt. On the right front of the hooded sweatshirt is a ¼ inch by 1/8 inch fray defect. A 3/8 inch by 3/16 inch fray defect and a ½ inch by 3/16 inch frayed defect is on the front of the green shirt. On the front of the gray shirt is a ½ inch by 5/16 inch frayed defect. No soot or unburned gunpowder particles are on the skin surrounding the defect.

INTERNAL EXAMINATION: The subcutaneous fat is approximately 1.3 centimeters in its maximum thickness at the mid-abdomen. The pleural cavities are free adhesions. The visceral and parietal pleurae have a smooth, glistening serosa. The abdominal cavity is without adhesions. The thoracoabdominal organs are in their usual positions and have

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smooth glistening surfaces. The diaphragms are normally elevated. The body cavities have no peculiar or aromatic odor.

NECK: The neck is dissected in a layer-wise fashion after the thoracoabdominal and cranial contents are removed. The superficial and deep muscles of the neck are firm, red-brown, intact, and unremarkable without hemorrhage or laceration. The soft, red-brown tongue is unremarkable without intramuscular hemorrhage, laceration, or infiltrate. The hyoid bone is intact without fracture or periosseous soft tissue hemorrhage. The thyroid and cricoid cartilages are intact without fracture or adjacent soft tissue hemorrhage. The mucosa of the larynx and trachea are unremarkable without intraluminal obstructive lesion, ulceration, laceration, or fistula. There are no prevertebral fascial hemorrhages or underlying cervical vertebral fractures.

CARDIOVASCULAR SYSTEM: The 225 gram heart has a smooth, glistening, epicardium. The cardiac contour is unremarkable. The coronary arteries arise from the aorta in a normal fashion and follow their usual anatomic pathways with no significant atherosclerotic disease. The coronary ostia are patent. The posterior interventricular septum receives its blood supply from the right coronary artery. The coronary arteries are patent and have no atherosclerosis. There is no occlusive thrombus of the epicardial vessels. The right and left ventricular myocardium is red-brown and firm without discoloration, infarct, muscular bulges or focal lesion. The left ventricular free wall is 1.0 centimeters and the septal wall is 1.0 centimeters thick. The right ventricular wall is 0.3 centimeter thick. The valve cusps and leaflets are translucent, pliable, and free of vegetations or fenestrations. The chordae tendineae are thin and delicate. The papillary muscles are intact. The cardiac chambers are normally dilated. The foramen ovale is closed. The endocardium is unremarkable without thickening or fibrosis. The aorta and its major branches have normal pathways and are unremarkable without atherosclerosis or aneurysm. The venae cavae and major veins are all patent, intact, and unremarkable with smooth, yellow-tan intimae. The periaortic lymph nodes in the abdomen and mediastinum are inconspicuous.

RESPIRATORY SYSTEM: The right and left lungs are 200 grams and 190 grams, respectively. Both lungs have smooth pleural surfaces and a dark red-blue, subcrepitant, congested, and moderately edematous parenchyma without palpable induration, visible suppuration, granuloma, consolidation, hemorrhage, neoplasm, or emphysema. The tracheobronchial tree has a pink-tan, unremarkable mucosa and is patent without intraluminal obstructive lesion. The pulmonary vessels are patent and have a yellow-tan, smooth intima without thromboemboli. The pulmonary and hilar lymph nodes are soft, black, and inconspicuous.

HEPATOBILIARY SYSTEM: The 1110 gram liver has a smooth capsule with a sharp anterior margin. The hepatic parenchyma is firm, dark red-brown, and uniform without mass

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lesion. The hepatoduodenal ligament is free of lymphadenopathy. The hepatic artery and portal vein are patent and intact.

The gallbladder is intact and contains approximately 7 milliliters of yellow-orange, viscid bile and no calculi. The gallbladder wall is 0.1 centimeter thick with a yellow, velvety mucosa. The cystic, common, and hepatic bile ducts are normal in course and caliber and free of calculi.

HEMATOPOIETIC SYSTEM: The 80 gram spleen is intact and has a smooth, grey, translucent capsule. The splenic pulp is moderately firm, purple-red, and unremarkable with conspicuous corpuscles. The gastrosplenic ligament is free of lymphadenopathy. The thymus has been replaced by adipose tissue and is unremarkable. The thoracoabdominal and cervical lymph nodes are not enlarged. The visible bone marrow is unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is intact, normally developed, and is unremarkable without laceration, hemorrhage, or mass lesion. The thyroid gland is symmetric and unremarkable with a firm, red-brown, granular parenchyma and no cyst, hemorrhage, fibrosis, or mass lesion. The adrenal glands are normally situated and have soft, yellow cortices and soft, grey-brown medullae. The pancreas has a soft, tan parenchyma with a normal lobular architecture and no saponification, pseudocyst, neoplasm, fibrosis, hemorrhage, or mineralization.

GASTROINTESTINAL SYSTEM: The oropharynx has a tan, smooth, unremarkable mucosa. The esophagus has a smooth, gray-white mucosa. The stomach has a smooth, tan serosa and a smooth, tan mucosa with slightly flattened rugal folds. The gastric wall is not thickened or indurated. The gastric contents consist of approximately 200 milliliters of tan, turbid fluid without identifiable food material. The stomach does not contain identifiable tablets, capsules, or pill fragments. The duodenum has a smooth, bile-stained mucosa without ulcers. The small intestine has a smooth, tan serosa and is not dilated or obstructed. The mesenteric lymph nodes are inconspicuous. The large intestine has normal haustral markings and a vermiform appendix without descending or sigmoid colonic diverticula. The rectum has a smooth, tan mucosa.

GENITOURINARY SYSTEM: The right and left kidneys are 80 grams and 75 grams, respectively. The renal capsules are intact and strip with ease from the underlying cortices. Both kidneys have smooth cortical surfaces without persistent fetal lobulations. The renal parenchyma is firm, dark red-brown, and has a good corticomedullary definition with an average cortical thickness of 7 millimeters on the left and 9 millimeters on the right. The pyramids and papillae are unremarkable. The pelvicalyceal systems are normal without dilatation or obstruction. The ureters are patent and normal in course and caliber to the urinary bladder. The renal arteries and veins are patent without atherosclerosis or stenosis.

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The urinary bladder is intact with a smooth, tan mucosa without erythema, hemorrhage, ulcer, or mass lesion. The urinary bladder contains approximately 270 milliliters of slightly cloudy light yellow urine.

The soft, tan prostate gland is not enlarged and has a soft, tan parenchyma without discoloration, induration, or necrosis. The seminal vesicles are normal. The right and left testes are normally situated in the scrotum and have a soft, tan, homogeneous parenchyma without hemorrhage, cyst, or mass lesion.

MUSCULOSKELETAL SYSTEM: The firm, red-brown muscles are well hydrated and free of focal lesions, except for what is described under Evidence of Injury. The skeleton is well developed and without fracture, deformity, or osteoporosis, except for what is described under Evidence of Injury. The cervical spinal column is stable on internal palpation.

HEAD AND CENTRAL NERVOUS SYSTEM: The reflected scalp is free of trauma, except for what is described under Evidence of Injury. The galeal soft tissues and temporalis muscles are intact, normal, and unremarkable. The calvarium is intact without fracture, except for what is described under Evidence of Injury. The dura mater is intact, except for what is described under Evidence of Injury. The epidural and subdural spaces are free of blood. The dural sinuses are intact and unremarkable. The 1175 gram brain has symmetric cerebral and cerebellar hemispheres covered by thin, transparent leptomeninges without subarachnoid hemorrhage. The cerebral cortex is tan, uniform, and free of contusion foci, except for what is described under Evidence of Injury. The cerebral white matter is uniform throughout except for what is described under Evidence of Injury. The caudate nuclei, basal ganglia, and thalami are tan, uniform, and symmetric except for what is described under Evidence of Injury. The ventricles are normal in caliber and contain congested choroid plexus. The midbrain, cerebellum, pons, and medulla oblongata are free of internal or external abnormalities. The Sylvian aqueduct and fourth ventricle are normal. The locus ceruleus and substantia nigra are normally pigmented. The cranial nerves and mammillary bodies are symmetric and normal. The cerebral vasculature including the Circle of Willis are translucent, patent, and free of atherosclerosis or aneurysm. The anterior, middle, and posterior cranial fossae are free of fractures, except for what is described under Evidence of Injury. The proximal cervical spinal cord is firm, symmetric, and grossly normal.

FINDINGS:

1. GUNSHOT WOUNDS HEAD AND NECK:
    a. GUNSHOT WOUND TRAJECTORY #1 (WOUNDS A AND H):
        i. ENTRANCE ON LEFT POSTERIOR SCALP (WOUND A)
        ii. PATH: LEFT POSTERIOR/LATERAL SKULL, BRAIN AND RIGHT ANTERIOR/LATERAL SKULL
            1. MULTIPLE SKULL FRACTURE AND BRAIN DISRUPTION
        iii. EXIT ON RIGHT LATERAL FOREARM (WOUND H)

2. APPEARS TO BE TYPO - SHOULD BE FOREHEAD

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iv. TRAJECTORY: FRONTWARD, RIGHTWARD AND SLIGHTLY DOWNWARD
v. BULLET WIPE ON LEFT POSTERIOR CAP

2. GUNSHOT WOUNDS, CHEST, ABDOMEN AND BACK
   a. GUNSHOT WOUND TRAJECTORY #2 (WOUND B AND PROJECTILE #5)
      i. ENTRANCE ON LEFT BACK (WOUND B)
      ii. PATH: LEFT EIGHTH INTERCOSTAL SPACE, LEFT LOWER LOBE OF LUNG, HEART, LEFT ANTERIOR FIFTH INTERCOSTAL SPACE
         1. LEFT HEMOTHORAX
         2. RECOVERY OF PROJECTILE IN SOFT TISSUE OF LEFT ANTERIOR CHEST (PROJECTILE #5)
      iii. TRAJECTORY: FRONTWARD, SLIGHTLY DOWNWARD
   b. GUNSHOT WOUND TRAJECTORY #3 (WOUND C AND PROJECTILE #4)
      i. ENTRANCE ON RIGHT BACK (WOUND C)
      ii. PATH: POSTERIOR RIGHT FOURTH INTERCOSTAL SPACE, RIGHT HILUM, RIGHT ATRIUM, RIGHT VENTRICLE AT THE SEPTUM, LEFT MEDIAL THIRD INTERCOSTAL SPACE
         1. RIGHT HEMOTHORAX
         2. RECOVERY OF BULLET IN LEFT ANTERIOR MEDIAL CHEST SOFT TISSUE (PROJECTILE #4)
         3. TRAJECTORY: FRONTWARD, RIGHTWARD AND SLIGHTLY DOWNWARD
   c. GUNSHOT WOUND TRAJECTORY #4 (WOUND D, WOUND G AND PROJECTILE #3)
      i. ENTRANCE ON RIGHT MID BACK (WOUND D)
      ii. PATH: SKIN AND SOFT TISSUE
      iii. PARTIAL EXIT ON RIGHT POSTERIOR SHOULDER/INFERIOR AXILLA (WOUND G)
         1. RECOVERY OF BULLET IN RIGHT LATERAL BACK SOFT TISSUE (PROJECTILE #3)
      iv. TRAJECTORY: RIGHTWARD AND SLIGHTLY UPWARD
   d. GUNSHOT WOUND TRAJECTORY #5 (WOUNDS E AND I)
      i. ENTRANCE ON RIGHT BACK (WOUND E)
      ii. PATH: RIGHT POSTERIOR NINTH INTERCOSTAL SPACE, RIGHT LIVER, RIGHT LOWER LOBE OF LUNG
      iii. EXIT ON RIGHT INFERIOR CHEST (WOUND I)
      iv. TRAJECTORY: FRONTWARD, RIGHTWARD
3. GUNSHOT WOUNDS, EXTREMITIES
   a. GUNSHOT WOUND TRAJECTORY #6 (WOUNDS F AND J)
      i. ENTRANCE ON RIGHT DORSAL ARM (WOUND F)
      ii. PATH: SOFT TISSUE
      iii. EXIT ON RIGHT MEDIAL VOLAR ARM (WOUND J)
      iv. TRAJECTORY: FRONTWARD
4. OTHER PROJECTILES
   a. FRAGMENT IN CLOTHING (PROJECTILE #1)

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b. BULLET IN CLOTHING (PROJECTILE #2)
c. FRAGMENTS IN RIGHT BACK (PROJECTILES 7-9)
d. FRAGMENT IN RIGHT CHEST (PROJECTILE #10)

5. FRAYED CLOTHING DEFECTS

Spec. to Pathology: Portions of brain, pituitary, thyroid, heart, lungs, liver, gallbladder, spleen, pancreas, adrenal, kidney, urinary bladder, prostate, testis, gastroesophageal junction, appendix, and psoas muscle.

Spec. to Histology: Brain, thyroid, heart, lung, liver, pancreas and kidney.

Spec. to Toxicology: Peripheral (gray top bilateral legs) and central blood (gray top), right and left vitreous humor, liver, gastric contents, bile, urine, brain, and right quadriceps muscle.

Radiographs: Digital films taken by [redacted] M.D., Assistant Medical Examiner, San Francisco Medical Examiner's Office, and retained.

Physician(s) Present: [redacted] M.D.

Forensic Tech(s): [redacted]

Photographer: [redacted] M.D., Assistant Medical Examiner, San Francisco Medical Examiner's Office.

Evidence: Blood spot, pulled scalp hair, hair from around wound "A", right and left handbags, right and left fingernail clippers, clothing and projectiles #1-10.

[redacted] 06/12/2015
[redacted] M.D.
Assistant Medical Examiner

[redacted]

15 JUN 12 PM 12:18
MEDICAL EXAMINER
SAN FRANCISCO

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